2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

C/O JPM SERVICES

3. Mailing Address

City & State

Suite, Apt. #, etc.

SOUTH FLORIDA FL 33082-0210

P.O. BOX 820210

DOCUMENT # 770834

1. Entity Name

C/O JPM SERVICES

P.O. BOX 820210

Principal Place of Business

SOUTH FLORIDA FL 33082-0210

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

MILLER DREAMS II TOWNHOMES ASSOCIATION, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90175 018 ****61.25

10027683



Fee Required

BECKER, POLIAKOFF & STREITFELD, P.A. ROSE DE LA CAMARA 6161 BLUE LAGOON DR, #250 **MIAMI FL 33126**

Country

6. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	-
City	FL Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Country

SIGNÁTÜRE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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C11 -	MANAGE.	FFF	10	AA4 AF
LILE	NUW:	rEE	15	\$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Make Check Payable to

		110011 4114 00	THE BUILDING	Added to Fees	Florida De	partment of S	State
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, CHARLES 13353 SW 59TH TERR MIAMI FL 33183	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGER AVELL 13356 SW 59 MIAMI FL 3	LANEDA	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, CINDY 5911 SW 133 CT MIAMI FL 33183	☐ Delete	TITLE NAME - STREET ADDRESS - CITY - ST - ZIP	SD LULU PIND -5917-SW 133 MIAMI FI.	33183	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VPSD AVELLANEDA, ROGER 13356 S W 59 LANE MIAMI FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSE PADILI 133465W 60 MIAMI FI. 3	- <i>A</i>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS		·	☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954 680-6214